

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: September 2, 2016

Auditor Information			
Auditor name: Edwin Vaught			
Address: P.O. Box 552 Richmond, TX 77406			
Email: Edwin.vaught@att.net			
Telephone number: 832-451-7144			
Date of facility visit: August 8-9, 2016			
Facility Information			
Facility name: Butler County Correctional Facility			
Facility physical address: 701 S. Stone RD, El Dorado KS 67042			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 316-320-7766			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Sheriff Kelly Herzet			
Number of staff assigned to the facility in the last 12 months: 38			
Designed facility capacity: 235			
Current population of facility: 212			
Facility security levels/inmate custody levels: Minimum-Medium, Maximum			
Age range of the population: 18 plus			
Name of PREA Compliance Manager: Katina Dunning		Title: Lieutenant	
Email address: kdunning@bucoks.com		Telephone number: (316) 320-7766	
Agency Information			
Name of agency: Butler County Detention Facility			
Governing authority or parent agency: <i>(if applicable)</i> Butler County Sheriff's Office			
Physical address: 141 S. Gordy St, El Dorado, KS. 67042			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (316) 322-4254			
Agency Chief Executive Officer			
Name: Kelly Herzet		Title: Sheriff	
Email address: kherzet@bucoks.com		Telephone number: (316) 322-4254	
Agency-Wide PREA Coordinator			
Name: Katina Dunning		Title: Lieutenant	
Email address: kdunning@bucoks.com		Telephone number: 316-320-7766	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act Audit of Butler County Detention Facility (BCDF) was conducted on August 8th and 9th 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

An entrance meeting was held the morning of the onsite audit with the PREA Compliance Manager, Lieutenant Katina Dunning, Under Sheriff Tony Wilhite, Captain Floyd Hunt, Sergeant Toby Stewart, and Captain Erik Ramsey. The auditor wishes to extend his gratitude and appreciation to Sheriff Herzet and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The auditor would also like to recognize PREA Compliance Manager Lieutenant Katina Dunning for her hard work and dedication to ensure the facility is striving to become compliant with all PREA standards.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including; all general population housing units, Control Center, booking and processing, kitchen area, law library, and administrative building.

A total of 20 staff were interviewed with at least one staff member interviewed from each interview category, with the exception of the interviews related to educational staff who supervise youthful inmates, line staff who supervise youthful inmates, non-medical staff involved in cross-gender searches, and officers who supervise inmates in segregation (these interview types were not applicable to this facility). Staff interviews were conducted with staff from both shifts.

A total of 16 inmates were interviewed with at least one inmate interviewed from each interview category, with the exception of the interviews related to youthful inmates, this category was not applicable to this facility. Telephone interviews were conducted with the SAFE/SANE staff.

The count on the first day of the audit was 191. The count on the final day of the audit was 188.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed his concerns with PREA Compliance Manager Lieutenant Dunning and the Butler County staff.

When the audit was completed, the auditor conducted an exit briefing on August 9th 2016. The auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

The current Butler County Adult Detention Facility opened in January of 2003. It is a modern, 230-bed facility located one mile east of El Dorado, Kansas, on Stone Road, south of U.S. Highway 54. The facility employees approximately 60 full-time detention deputies and assignments include security, operations, prisoner transportation, and supervision.

The facility houses inmates from not only Butler County, but also the U.S. Marshal Service, Immigration and Naturalization Service, and various other outside law enforcement agencies. Staff of the Detention Division are committed to providing a safe and secure environment to the inmates within the facility and to the county's citizens by maintaining this security.

The facility is equipped with an on-site staffed medical unit and offers a variety of service and assistance programs to inmates as well.

SUMMARY OF AUDIT FINDINGS

After reviewing all information provided during the pre-audit and onsite audit, including, staff and inmate interviews, the auditor has determined the following:

Number of standards exceeded: 3

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Butler County Detention Facility Policy 116.1 mandates the county will provide a safe, humane, and appropriately secure environment, free from threat of sexual abuse or sexual harassment for all inmates, by maintaining a program of prevention, detection, response, investigation, and tracking of all reported sexual abuse and sexual harassment incidents. The Butler County Detention Center will have a written policy and procedure mandating zero-tolerance towards all forms of sexual abuse and sexual harassment. The policy is written in accordance with the DOJ Title 28 CFR, 115, to prevent detect and respond to prison rape.

BCDF employs a PREA Coordinator who reports directly to the facilities Captain, Under Sheriff, and Sheriff. The PREA Coordinator holds the rank of Lieutenant and oversees policy and SOP regarding PREA. The PREA Coordinator acknowledged she has sufficient time and authority to coordinate the facilities effort’s to comply with the PREA standards.

The PREA Coordinator facilitates and manages the incident review team which reviews incidents with a brief summary of incidents, any conclusions drawn from the incident, and future recommendations for possible prevention.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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XX Not Applicable

Butler County Detention Facility Policy 116.26 states the agency does not utilize other agencies or private entities to house adult offenders. However should the need arise this policy mandates any new contract or contract renewal will state the entity or agency be obligated to adopt and comply with DOJ PREA standards and shall be monitored by BCDF to ensure compliance with the PREA standards.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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BCDF Policy 116.2, PREA Supervision and Monitoring, states BCDF shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against sexual abuse.

The policy also discusses upgrades to the facility and technology. Specifically it states that when designing or acquiring any new facility and in planning any substantial expansion or modification of our existing facility, BCDF will consider the effect of the design, acquisitions, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. It designates the Jail Administrator as the person who will consult with the architect about PREA considerations. BCDF will also consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

Formalized staffing plan was created March 2016. BCDF's staffing plan includes staffing structure definitions and states that any deviation from the plan will be documented. Of the eleven elements required by 115.13(a), this staffing plan includes:

In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- 1) Generally accepted detention and correctional practices;
- 2) Any judicial findings of inadequacy.
- 3) Any findings of inadequacy from Federal investigative agencies;
- 4) Any findings of inadequacy from internal or external oversight bodies;
- 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- 6) The composition of the inmate population;
- 7) The number and placement of supervisory staff;
- 8) Facility programs occurring on a particular shift;
- 9) Any applicable State or local laws, regulations, or standards;

- 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- 11) Any other relevant factors.

The plan also outlines deviations and minimum staffing requirements and the requirement to document any deviations.

The policy outlines the requirements for unannounced rounds by upper level staff. This will include unannounced rounds to be done on an irregular basis and done no less than once per shift. Unannounced rounds are also to be documented in the New World Jail System as logged as "PREA Unannounced Supervisory Rounds." Staff are also prohibited from informing other staff when these rounds are occurring.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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XX Not Applicable

BCDF policy 116.3 Outlines the definition of a Youthful inmate. The Policy states the agency will not house youthful inmates. Policy 116.3 further states should youthful inmates have to be housed in this facility for exigent circumstances they shall be housed sight and sound away from adult offenders. Youthful inmates shall not be denied exercise of large muscle groups.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Policy 116.3, Cross-gender Viewing and Searches states BCDF employees will not conduct cross-gender strip searches or cross-gender visual body cavity searches (anal or genital opening) except in exigent circumstances or when performed by a medical practitioner. If this occurs, staff are to document the incident in New World including a narrative that outlines the exigent circumstance.

This policy also states that BCDF employees will not conduct cross-gender pat down searches on female inmates except in exigent circumstances. If this happens, they are to document the incident in New World including a narrative that outlines the exigent circumstance.

Policy also outlines that inmates will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia; except in exigent circumstances or when such viewing is incidental to routine cell/dorm checks.

Cross-gender announcements are also covered by this policy. BCDF employees of the opposite gender are required to announce their presence when entering a living unit. Policy states what employees are to specifically say when entering the unit and that such announcement are to be documented in New World Corrections Officer Log. Policy also dictates that signage will be posted in a conspicuous place for inmates that may have been absent from the housing unit when the announcement was made.

Policy also dictates that staff will not search or physically examine transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Policy states if employees are unable to determine the genital status of an inmate through conversation or by reviewing medical records, a medical practitioner may conduct a broader medical exam in private to determine genital status.

Policy also states that BCDF will train staff on how to conduct cross-gender pat searches and searches of transgender and intersex inmates will be done in a professional and respectful manner. This will be done in the least intrusive manner possible, consistent with security needs.

The Facility was able to provide the training curriculum and training logs to show 100% of the staff has been trained. Documents from the New World system showed announcements had been made and documentation showed announcements had been made when opposite gender staff entered the housing unit. Interviews with staff and inmates were consistent with officers knocking and announcing as well.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF policy 116.5 states:

BCDF will take appropriate steps to ensure that inmates with disabilities have an equal opportunity to benefit from all aspects of BCDF's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps will include when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially. Staff shall read to and ensure understanding of all Sexual

Abuse and Sexual Harassment information if necessary to comply with this policy.

BCDF will ensure that written materials are provided in formats and through methods that ensure effective communication with inmates with disabilities.

Written materials that are provided to inmates in regards to PREA should be written in simple language and will be available in a variety of formats; such as posters, brochures and the BCDF Inmate Handbook.

Inmate PREA Training video provides closed captioning.

Inmate Who Have Limited English Proficiency

BCDF will take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who have limited English proficiency, including by providing interpreters who can interpret effectively, accurately, and impartially.

BCDF maintains an agreement with an Interpreter Service that is capable of interpreting in various languages. Inmate written documentation informing them of their rights under PREA are readily available in English and Spanish versions. Inmate PREA Training video is available in English and Spanish language.

Use of Inmate Interpreters

BCDF shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an inmate's safety, the performance of first-responder duties, or the investigation of an inmate's allegations. Such use of inmate interpreters, inmate readers, or other types of inmate assistants will be documented in incident reports.

The Auditor was able to conduct an interview using a language service over the phone. The inmate spoke Vietnamese. During the interviews, all staff stated they could not recall any instance where an inmate interpreter, inmate reader, or any other type of inmate assistants has been used specifically for PREA incidents.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Policy 116.4, PREA Employee Hiring and Promotion Practices, states BCDF does not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in activity of the same.

Policy also states that BCDF shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor. BCDF will attempt to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during pending investigations of an allegation of sexual abuse.

Policy imposes upon employees a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be ground for termination. Policy also states that BCDF will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied for work; provided that the request is accompanied by a signed waiver that the applicant provided to the agency in which they are applying.

BCDF detective will maintain a log documenting times and dates of when contact attempts are made and when the facility or agency provided the information. BCDF will also conduct background checks annually of all employees, contractors, and volunteers.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Policy 116.10 states, when designing and planning any substantial expansion or modification of existing facilities, BCDF shall consider the effect of the design, acquisition, expansion, or modification on its ability to protect inmates from sexual abuse. This shall include updating a video monitoring system, surveillance system or other monitoring technology.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility is responsible for conducting all investigations. Any investigation will be turned over to the jail detective and investigated to exhaustion. If the case is criminal in nature it will be referred to the Butler County Attorney’s Office for possible prosecution.

Policy 116.8, PREA: Investigations, Criminal and Administrative, Referrals, Coordinated Response, Evidentiary Standard, Disciplinary Sanctions, and Reporting to Inmates, states that BCDF is responsible for investigating all allegations of sexual abuse. All allegations of sexual abuse and sexual harassment, will initiate a thorough and objective investigation for all allegations within 24 hours or as circumstances dictate, including third party and anonymous reports.

The uniform evidence protocol was adapted from or otherwise based on the most recent edition of the DOJ’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

The protocol established for evidentiary purposes shall be developmentally appropriate for youth, where applicable, in accordance with PREA Standard 115.21.

Policy states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy dictates that BCDF staff shall cooperate with outside investigators and shall remain informed about the progress of the investigation

Policy states if a victim advocate is not available, BCDF will provide a qualified staff member or qualified community-based organization staff member.

During the pre-audit, the auditor was provided with an MOU with Butler County Hospital. These services are provided by SANEs working at the hospital.

Within the last 12 months, there has been zero forensic medical examination conducted.

During the pre-audit, the auditor was provided with a documented MOU for victim advocate services; Butler County Safehouse (Family Life Center) . The auditor was provided with documentation for outside supportive services. The auditor spoke with a representative of Family Life Center and was advised by their representative that they have staff available to respond and provide victim advocate services in the event an inmate was sexually abused. These services are available 24 hours a day, 7 days a week.

Interviews with a random sample of staff indicate the majority of staff are well aware of how to preserve evidence and to whom they need to forward reports of sexual abuse.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 116.11 Investigation Allegations of Sexual Harassment and/or Sexual Abuse states every report, complaint or allegation of sexual harassment/sexual abuse, including third party and anonymous reports, shall be investigated promptly, thoroughly, and objectively.

During the past 12 months, there have been 13 allegations of sexual abuse and zero allegations of sexual harassment. Of these, 13 were investigated administratively. Currently, there is one investigation ongoing.

BCDF shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment, and staff neglect that may have contributed to such incidents.

BCDF shall also provide at least one way for inmates to report abuse, harassment, retaliation, and staff neglect to a public or private entity that is not part of BCDF, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

Inmates are provided with externally reporting contact information through postings, BCDF Inmate Handbook, and Your Right to be Free from Sexual Abuse and Sexual Harassment Brochure.

Interviews with staff confirmed knowledge of how inmates and staff could report incidents of sexual abuse and harassment.

Medical and mental health practitioners shall report knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or staff neglect. Medical and mental health practitioners have a duty under PREA to report sexual abuse that occurred in an institution. This information shall be provided to inmates, in writing, at the initiation of services and they must obtain informed consent at the initiation of services.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Policy 116.21 Sexual Abuse/Sexual Harassment Prevention and Training states the PREA Compliance Manager, shall ensure that all staff members are: informed that sexual contact with an inmate is prohibited and that an inmate has a right to report if sexual contact occurs, through the basic PREA training. This training will include, at a minimum, the following information:

- 1) The zero tolerance policy against sexual abuse and sexual harassment within the Department;
- 2) How staff are to fulfill their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this policy;
- 3) Inmates' right to be free from sexual abuse and sexual harassment;
- 4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- 5) The dynamics of sexual abuse and sexual harassment in confinement;
- 6) The common reactions of sexual abuse and sexual harassment victims;
- 7) How to detect and respond to signs of threatened and actual sexual abuse;
- 8) How to avoid inappropriate relationships with inmates;
- 9) How to communicate effectively and professionally with inmates, including LGBTI or gender nonconforming inmates; and
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

A review of the PREA Course Lesson Plan indicates all topics above are covered during training. Training is tailored to the gender of the inmates at the facility.

During the pre-audit, the auditor was advised all staff, who may have contact with inmates, were trained or retrained on the PREA requirements enumerated above.

Between trainings the agency provides employees who may have contact with inmates with information about current policies regarding sexual abuse and sexual harassment.

At the conclusion of the training, all staff, contractors, and volunteers are required to sign the PREA Training and Understanding Verification Form.

Random staff interviews indicate staff had received the required PREA training.

The Auditor was provided with a signed roster and enrollment form indicating staff and volunteers had attended training.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Policy 116.21- Sexual Abuse/Sexual Harassment Prevention and Training states contractors and volunteers (to include interns, contract service providers, public visitors, or Non-Department Employees) will receive training on their responsibilities under the Department’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They will be trained during orientation sessions and annual training reflective of the level of contact that they have with inmates.

All contractors and volunteers will be required to sign and acknowledge the PREA Training and Understanding Verification Form. The Volunteer Coordinator at each facility will be responsible for documenting the PREA training that each volunteer has received and maintain the documentation in the volunteer file in accordance with Section 1 of this procedures manual. PCMs will be responsible for maintaining PREA Training and Understanding Verification Forms for all contractors. PREA Training will be effective for a period of one year.

In the past 12 months, 23 volunteers and individual contractors have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

During the pre-audit, the auditor was provided with a sample of documentation confirming that volunteers/contractors understand the training they have received.

Interviews with Volunteers/Contractors indicate Volunteers and Contractors are provided with PREA education including the agency’s zero tolerance policy as well as to whom they would forward any sexual abuse reports.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Policy 116.6, PREA: Inmate Screening, Orientation, Education, states that during the initial intake meeting with the booking staff, the inmates will receive a copy of the “Zero Tolerance” pamphlet. The booking staff will document on the acknowledgment of receipt that the offender has received the pamphlet. Policy states that

inmates are required to sign for the receipt of the pamphlet and that appropriate provisions will be made as necessary for inmates not fluent in English, those with disabilities, and those with low literacy levels.

Within 30 days of intake, BCDF will provide comprehensive education to inmates through video "PREA: What you Need to Know" regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

BCDF will provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. This will be done in the following manner:

- Deaf or hearing impaired: Training is available through print or closed captioning
- Visually impaired: Training is available through audio
- Limited English proficient: Spanish version or video or translator
- Otherwise disabled or limited reading abilities: Training is available through staff

During the onsite visit, the Auditor was able to conduct an interview using a language service over the phone. The language service was able to effectively communicate to the inmate and auditor.

During the onsite visit, the Auditor observed PREA posters in every common area accessible to inmates and staff. The agency also provides information on the in-dorm Kiosk for inmates to report and access PREA information.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Policy 116.21 states, In addition to the general training provided to all employees, BCDF shall ensure that, to the extent it conducts sexual abuse investigations; its investigators have received training in conducting such investigations in confinement settings.

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

BCDF shall maintain documentation that Investigators of sexual abuse have completed the required specialized training in sexual abuse investigations.

During the pre-audit, the auditor was advised the facility has 2 investigators who have received the required training in conducting sexual abuse investigations in confinement settings. The auditor was provided with

documentation of this training.

During interviews with the facility investigator, the investigator acknowledged receiving the training specific to PREA requirements. Investigator was knowledgeable that any case that appeared to be criminal would be referred for criminal prosecution. Investigators also acknowledged using a preponderance of evidence as the standard of evidence used to substantiate allegations of sexual abuse and sexual harassment.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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BCDF shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facility have been trained in:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
 - a. BCDF medical staff shall not conduct forensic examinations.
5. BCDF will maintain documentation that they have received the specialized training described in this section.
6. Medical and mental healthcare practitioners that provide their services to this facility shall comply with the requirements of the PREA Standards. BCDF will provide the necessary training required to ensure compliance by their personnel.

During the pre-audit, the auditor was advised all medical and mental health care practitioners who work regularly within the facility have received the training required by agency policy.

Agency medical staff at this facility do not conduct forensic medical examinations. Such examinations are conducted at Via Christi St Joseph located in Sedgwick County.

Interviews with the medical and mental health staff indicate they received PREA training.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 116.6, PREA: Inmate Screening, Orientation, Education, states that during the initial intake meeting with the booking staff, the inmates will receive a copy of the “Zero Tolerance” pamphlet. The booking staff will document on the acknowledgment of receipt the offender has received the pamphlet. Policy states that inmates are required to sign for the receipt of the pamphlet and that appropriate provisions will be made as necessary for inmates not fluent in English, those with disabilities, and those with low literacy levels.

The initial assessment (within 72 hours of reception) shall consider prior acts of abuse, prior convictions for violent offenses, and history of prior facility violence or sexual abuse, as known to the Department, in order to assess inmates for the risk of being sexually abusive.

During the onsite visit, the Auditor was able to review a sample of the risk assessments. The assessments showed incoming inmates were assessed within 72 hours.

Within 30 days of intake, BCDF will provide comprehensive education to inmates through video “PREA: What you Need to Know” regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

BCDF will provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. This will be done in the following manner:

- Deaf or hearing impaired: Training is available through print or closed captioning
- Visually impaired: Training is available through audio
- Limited English proficient: Spanish version or video or translator
- Otherwise disabled or limited reading abilities: Training is available through staff

During the onsite visit, the Auditor was able to confirm the facility was prepared to translate information using the language lines as well as Google translate for documents.

BCDF Policy 116.6 states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.

Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18 years of age.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This policy states that BCDF shall use information from the risk screening required by 115.41 to classify for housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. These decisions will be on a case by case basis to determine how to ensure the safety of each inmate.

In regards to transgender and intersex inmates, this policy states that in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, BCDF will consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Interviews with staff indicate the screening instrument is being used to keep any inmate that scores to be a potential victim from inmates that score to be a potential predator. Transgender inmates would be housed in general population and would be afforded the opportunity to shower separately. A transgender inmate's view in respect to their own safety is given serious consideration in determining placement and program assignments. A transgender inmate's placement and programming assignments are reassessed every six months by the gender review committee.

Showers consist of single showers with doors with covered expanded metal that help to ensure privacy.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 116.11, PREA: Housing, states inmates that are considered at risk to be victimized based on the responses recorded on the inmate PREA screening form will be placed in locations that are easily observable by staff members, have limited, if any blind spots, and are not occupied by inmates that have a history of

violence and/or sex-related crimes.

This policy also dictates involuntary placement into segregated housing is NOT permitted simply because an inmate is at high risk for victimization. The Classification Housing Corporal with the assistance of the Shift Sergeant and Administrative Captain will assess all available alternatives and segregated housing will only be issued if all alternatives are deemed inappropriate or pose a direct threat to the well-being of the inmate. In completing this assessment an inmate can be housed in protective custody for no longer than 24 hours.

Policy states that inmates placed in protective custody for a high rate of victimization shall have access to programs, privileges, and work opportunities to the extent possible. If there is restriction, BCDF will document the opportunities that have been limited, the duration of the limitation, and the reasons for the limitation.

Policy dictates placement protective custody shall not ordinarily exceed 30 days as an alternative means of separation can be arranged.

Policy also covers involuntary protective custody. It states BCDF staff will document the basis of the facility's concerns for the inmate's safety and the reason why no alternative means of separation can be arranged. Reviews will be made every 30 days to determine if there is continuing need for separation from the general population.

There have been zero instances where inmates were placed into protective custody for risk of victimization. All inmates who are in voluntary protective custody have been reviewed every thirty days.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Policy 116.11 - Reporting Sexual Abuse and Sexual Harassment states any inmate who is the victim of any of the following should report the abuse to a staff member as soon as possible:

- 1) Sexual abuse;
- 2) Sexual harassment;
- 3) Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment;
- 4) Staff neglect or violation of responsibilities that may have contributed to such incidents.

A report may be made to any staff member in the facility including, but not limited to, Medical staff, Psychology staff, Corrections Officers and Counselors. Staff shall accept and document reports made verbally, in writing, anonymously, and from third parties and promptly forward to the facility's designated investigators. Staff are required to document verbal reports no later than the end of the shift but in no case later than 72 hours.

The Sexual Abuse Reporting Address is an option for an employee, contract service provider, volunteer, or intern to privately report an allegation of sexual abuse, sexual harassment, or retaliation.

Through staff and inmate interviews it was determined inmates and staff may make a private report to any supervisor or the PREA Compliance Manager. The auditor was advised by random staff that all reports; including verbal, written, anonymous, and third-party reports would be investigated. Verbal reports would be documented by the staff immediately upon receipt of such information.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Policy 116.7 states there is no time limit on when an inmate may submit a report regarding an allegation of sexual abuse. Inmates are not required to use an informal report process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.

Policy states an inmate who alleges sexual abuse may submit a report without submitting it to a staff member who is the subject of the complaint and that such report is not referred to the staff member who is the subject of the complaint.

Policy also states the BCDF Detective will issue a final decision on the merits of any portion or a report alleging sexual abuse within 90 days of the initial filing of the report. An extension to the normal reporting time period may exist if 90 days is not sufficient to make an appropriate decision. The facility detective will notify Operations Captain of reasons extension is needed and the Operations Captain will notify the inmate of the extension and provide a date by which the decision will be made.

BCDF will accept third-party reports of sexual abuse or sexual harassment on behalf of inmates. The process to make a third party report is posted in the visitation area, on the facility website, and is given to all inmates so they can pass it along to family as well.

BCDF shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal.

BCDF may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

Inmates should not be disciplined for reporting sexual abuse in cases where the allegation is substantiated or unsubstantiated, as there is no proof in these cases that the alleged sexual violence did not happen.

For unfounded allegations, a determination of bad faith should be driven by the particular factors of the case.

Facility administrators will need to consider the totality of circumstances and all the facts together to determine if an inmate was intentionally making a report of allegation that he or she knew was false.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF inmates are provided with access to outside victim advocates for emotional support services related to sexual abuse through mailing addresses and telephone numbers, including toll-free hotline numbers to the organizations identified in this policy.

Communication to these outside support services will be as confidential as possible in relation to security needs. Staff will inform inmates, prior to giving them access to outside support services, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Policy dictates all BCDF staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it was at BCDF.

Staff shall immediately notify the shift supervisor or other facility supervisor of any verbal report of sexual abuse or sexual harassment against inmates or staff. Documentation of the inmate’s verbal report must be completed and turned into the shift supervisor and forwarded to the Facility Investigator by the conclusion of the shift.

All BCDF staff shall immediately report any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. Staff may not reveal any information related to sexual abuse report to anyone other than the extent necessary (shift supervisor, Jail Administrator, Sheriff or Undersheriff) to make treatment, investigation, and other security management decisions.

This policy also required medical and behavioral health practitioners to report sexual abuse and inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services (unless otherwise precluded by federal, state, or local law). If the alleged victim is considered a vulnerable adult under state or local vulnerable persons’ statute, medical staff shall report the allegation to the Department of Human Services under applicable mandatory reporting laws.

During the pre-audit, the auditor was provided with a documented MOU for victim advocate services; Family Life Center- Safehouse. The auditor contacted Safehouse and spoke with a representative who confirmed victim advocates would be provided to Butler County Detention Center inmates who reported a sexual abuse. The auditor was advised these services would be available 24 hours a day, 7 days a week.

Through random inmate interviews as well as interviews with inmates who reported a sexual abuse, it was determined that some of the inmates were familiar with the victim services that are available for victims of sexual abuse. These inmates acknowledged having access to mailing addresses through posters posted in the housing units, as well as through the Kiosk located inside the dorm.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Third party reporting rules Abuse and to Assist Inmates with Grievances

- BCDF shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.
- Staff shall accept reports made verbally, in writing, and anonymously from third parties and shall promptly document any verbal reports.
- Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.
- If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, BCDF shall document the inmate’s decision.

Medical and mental health practitioners shall report knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or staff neglect. Medical and mental health practitioners have a duty under PREA to report sexual abuse that occurred in an institution. This information shall be provided to inmates, in writing, at the initiation of services and they must obtain informed consent at the initiation of services.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF policy 116.11 Reporting Sexual Abuse and Sexual Harassment states any staff member, contract service provider, volunteer or intern, shall immediately report to the Shift Commander if he/she has knowledge, suspicion, or information regarding any of the following:

- 1) Sexual abuse of an inmate;
 - 2) Sexual harassment of an inmate that occurred in a facility;
 - 3) Retaliation against inmates or staff who reported such an incident; and/or
 - 4) Staff neglect or violation of responsibilities that may have contributed to an incident or retaliation
- The incidents listed above may have occurred in any facility, whether or not it is affiliated with the Department.

Through interviews with a random sample of staff as well as interviews with medical and mental health staff, it was determined that all staff have a duty to report any knowledge, suspicion, or information related to sexual abuse or sexual harassment. Staff are also required to report any retaliation towards any inmate or staff for reporting and any staff neglect that may have contributed to an incident or retaliation.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Policy 116.7- Sexual Abuse/Sexual Harassment Prevention and Training ensures that when Department staff learn that an inmate is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action will be taken to protect that inmate.

In the past 12 months, there have been zero instances where the agency determined an inmate was subject to substantial risk of imminent sexual abuse.

Through interviews with staff, it was determined staff take immediate action to separate the alleged victim and abuser whenever it is determined an inmate may be at risk for imminent sexual abuse. The Shift Commander and Security Office would both be notified.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Policy 116.20 outlines the process in which an investigation is handled when an inmate reports abuse from another facility. Reports will be handled as soon as possible but in no case later than 72 hours. The report shall be made from facility head to facility head.

During the past 12 months, the facility has received 10 allegation of sexual abuse from another facility. During the past 12 months, the facility received 10 allegations that an inmate was abused while confined at another facility.

Through staff interviews, it was determined when BCDF receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred within their facility, the allegation would immediately be assigned to an investigator and would be investigated. BCDF would refer any allegations they receive for sexual abuse that occurred at other facilities, to the head of the outside facility. The notification would be made from the Facility Head to the Facility Head where the abuse allegedly occurred, and the notification would occur within 72 hours after receiving the information.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF police 116.13 states, when a security staff first-responder learns that an inmate has been sexually abused, they shall take immediate action to protect the inmate. This includes:

Separate the inmate from the alleged perpetrator.

Preserve and protect any crime scene until appropriate steps can be taken to collect evidence; and

Upon receiving initial report of an alleged sexual assault victim will not be left alone and will be in direct

supervision of a security staff member.

If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim—and ensure that the alleged abuser—not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall immediately notify the appropriate medical and mental health practitioners.

When the first staff responder is not a security staff member, they shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Through interviews with inmates and staff, it was determined staff would respond promptly to outcries of sexual abuse. Staff know to separate the victim from the abuser as well as how to preserve evidence. Staff are aware to keep information related to sexual abuse investigations confidential.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF policy 116.12 BCDF shall develop a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This policy outlines the facility’s coordinated response plan.

Through interviews with staff, it was determined the facility follows coordinated response plan for allegations of sexual abuse that involves a checklist of responsibilities.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF 116.24 policy Collective Bargaining Agreements

BCDF or any governmental entity responsible for collective bargaining on BCDF's behalf shall not enter into or renew any collective bargaining agreement or other agreement that limits BCDF's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

- Nothing in this section shall restrict BCDF entering into or renewing agreements that govern:
- The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions in this policy relating to the standard of evidence for substantiating allegations of sexual abuse/harassment in BCDF policy 116.16 (Investigation of Incidents) and disciplinary sanctions for staff in BCDF policy 116.18, (Sanctions Against Abusers When Allegations are Substantiated); or
- Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF's policy is to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. Inmates and Staff have a right to be free of retaliation from reporting sexual abuse or sexual harassment or reporting suspicions of the same.

BCDF shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, BCDF shall monitor the conduct and treatment of inmates or staff who reported sexual abuse, and of inmates who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation

BCDF shall continue such monitoring beyond 90 days if the initial monitoring indicates an ongoing need. Monitoring shall include:

- a. Periodic in-person conversations with inmates and/or staff;
- b. Review of disciplinary incidents involving inmates;
- c. Review of housing or program changes; and
- d. Review of negative performance reviews or reassignments of staff.

Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the same requirements as outlined in BDCF policy 116.8 Protective Custody and Administrative Segregation.

Designated staff members to monitor retaliation include staff of ranking levels of Captains and Lieutenants and also Facility Detective.

BCDF's obligation to monitor will terminate if an investigation determines that the allegation is unfounded.

Through various staff and inmate interviews, it was discovered multiple measures are taken to ensure against retaliation. In order to protect against retaliation, the PREA Compliance Manager would monitor for retaliation. This information would be tracked between the first 48-96 hours, 15 days, 30 days, 60 days, and 90 days. If necessary due to the circumstances, retaliation may be monitored indefinitely.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF policy 116.8 Protective custody and segregated housing states inmates at a high risk for sexual victimization or inmates that have alleged abuse shall not be placed involuntarily in Administrative Custody (AC) as a means of protection unless an assessment of all available alternatives has been made by Psychology and Security staff in conjunction with the PREA Compliance Manager, and a determination has been made that there is no other available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the inmate in involuntary AC for less than 24 hours while completing the assessment.

During the past 12 months, there have been no instances where an inmate was placed in involuntary.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF 116.16 Investigations of Incidents and Notifications outlines both criminal and administrative agency investigations.

Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Since August 20, 2012, there have been zero allegations of conduct that appear to be criminal that were referred for prosecution.

The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Through interviews with inmates who allege to have suffered from sexual abuse, it was determined investigative staff do not require victims to take a polygraph examination as a condition for proceeding with the investigation.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Investigations of incidents and Notifications - Investigating Allegations of Sexual Harassment and/or Sexual Abuse states in administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment/sexual abuse are substantiated.

Interviews with investigative staff indicate a preponderance of evidence is used when determining whether to substantiate allegations of sexual abuse or sexual harassment

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Police 116.6 Investigation of Incidents and Notification states following the investigation into an inmate's allegation that he/she suffered sexual abuse or sexual harassment in a facility within the Department, the Prison Rape Elimination Act (PREA) Investigator, where the inmate is housed shall inform the inmate, in writing on the PREA Investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

A review of notifications indicates inmates are being responded to, in writing, as to the outcome of the investigation.

If another agency conducts the investigation, the PREA Compliance Manager shall request the relevant information from the investigative agency in order to inform the inmate.

Following an inmate's allegation that a staff member has committed sexual abuse or sexual harassment against an inmate, the PREA Compliance Manager shall subsequently inform the inmate when any of the following occurs:

- 1) The staff member is no longer posted within the inmate's unit;
- 2) The staff member is no longer employed at the facility;
- 3) The Department learns that the staff member has been criminally charged related to sexual abuse within the facility; or
- 4) The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

During the past 12 months, there were 13 administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility. Of these investigations, 4 inmates were notified, verbally or in writing, of the results of the investigation.

Through interviews with various staff and inmates, it was determined the PREA Compliance Manager notifies the inmate, in writing, as to whether the allegation was substantiated, unsubstantiated, or unfounded.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF 116.8 Sanctions for Individuals Found to have Participated in Sexual Abuse or Sexual Harassment states any employee who violates Department sexual abuse or sexual harassment policies by engaging in, failing to report, or knowingly condoning sexual abuse or sexual harassment of an inmate shall be subject to appropriate disciplinary or administrative action up to and including termination.

When an allegation is made involving a staff member, contract service provider or volunteer this person will be removed from contact with the alleged victim until the conclusion of this investigation.

During the past 12 months, there has been zero staff from the facility who violated agency sexual abuse or sexual harassment policies.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF 116.18 Sanctions for Individuals Found to have Participated in Sexual Abuse or Sexual Harassment

- 1) When an allegation is made involving a contractor or volunteer, this person will be removed from contact with the alleged victim until the conclusion of this investigation;
- 2) If a contractor or volunteer violates this procedures manual, other than by engaging in sexual abuse, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates;
- 3) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

During the past 12 months, there have not been any contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

Staff interviews indicate that any contractor or volunteer suspected of sexual abuse or sexual harassment would be removed from the building and prohibited from contact with inmates. Remedial disciplinary measures, such as counseling and further monitoring, would be considered for minor policy violations, depending on the circumstances. Any contractor or volunteer found to have committed a major policy violation would be banned from the facility. Criminal charges would be filed when appropriate.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF 116.18 Inmates Disciplinary Sanctions is outlines as follows:

- A. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.
- B. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.
- C. The disciplinary process shall consider whether an inmate’s mental disability or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- D. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.
- E. BCDF may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- F. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting and incident, even if an investigation does not establish evidence sufficient to substantiate the allegation.

During the past 12 months, there have has been one administrative findings of inmate-on-inmate sexual abuse that has occurred at the facility.

Staff interviews indicate inmates found to have engaged in sexual abuse or sexual harassment may face a misconduct hearing and/or criminal charges depending upon the circumstances.

Staff interviews indicate inmate perpetrators of sexual abuse are referred for a mental health evaluation, and this evaluation is conducted within 14 days.

Staff interviews indicate inmates who have violated the agency's sexual abuse and sexual harassment procedures would go through a disciplinary hearing. If the allegations were criminal in nature, the Agency may pursue criminal charges.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, post-incident treatment to reduce the risk of sexually transmitted diseases or pregnancy, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services shall be provided to the victim, without financial cost to the victim, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In some cases, these services will be provided during the medical forensic exam, such as post-exposure prophylaxis, therefore, all emergency medical and mental health interventions should be coordinated with the Sexual Assault Nurse Examiner (SANE) or other medical professional who administers the sexual assault forensic exam.

Ongoing treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

During the past 12 months, 100% of inmates who have previously perpetrated sexual abuse were offered a follow-up meeting with a mental health practitioner.

During the onsite audit, the auditor reviewed a sample of records of both inmates who disclosed prior victimization as well as inmates who have previously perpetrated sexual abuse. The inmates sampled had documentation of a mental health evaluation within 14 days.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Policy 116.14 Medical and Mental Health Services

BCDF shall offer medical and mental health evaluations and, as appropriate treatment to all inmates who have been sexually abused in a prison, jail, lockup, community corrections facility, or juvenile justice facility.

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

BCDF shall provide such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, as medically necessary.

If pregnancy results from the conduct described in this policy, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related services, such as prenatal care and access to pregnancy termination services, where available.

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate.

Ongoing treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

During the past 12 months, 100% of inmates who have previously perpetrated sexual abuse were offered a follow-up meeting with a mental health practitioner.

During the onsite audit, the auditor reviewed a sample of records of both inmates who disclosed prior victimization as well as inmates who have previously perpetrated sexual abuse. The inmates sampled had documentation of a mental health evaluation within 14 days.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Policy 116.14 Medical and Mental Health Services

BCDF shall offer medical and mental health evaluations and, as appropriate treatment to all inmates who have been sexually abused in a prison, jail, lockup, community corrections facility, or juvenile justice facility.

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

BCDF shall provide such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, as medically necessary.

If pregnancy results from the conduct described in this policy, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related services, such as prenatal care and access to pregnancy termination services, where available.

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate.

Ongoing treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

During the past 12 months, 100% of inmates who have previously perpetrated sexual abuse were offered a follow-up meeting with a mental health practitioner.

During the onsite audit, the auditor reviewed a sample of records of both inmates who disclosed prior victimization as well as inmates who have previously perpetrated sexual abuse. The inmates sampled had documentation of a mental health evaluation within 14 days.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Policy 116.19 Sexual abuse and incident reviews outlines the following:

BCDF shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The review shall ordinarily occur within 30 days of the conclusion of the investigation.

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

1. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
2. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
3. Assess the adequacy of staffing levels in that area during different shifts;
4. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
5. Prepare a report of its findings, including determinations made pursuant to this section, and any recommendations for improvement and submit the report to the facility head and the agency PREA Coordinator.

6. Utilize PREA Incident after conclusion Review Form

BCDF shall implement the review team’s recommendations for improvement, or document its reasons for not doing so.

In the past 12 months there have been 3 criminal and or administrative investigations of alleged sexual abuse completed at the facility, excluding “unfounded” incidents.

In the past 12 months, 2 investigations were followed by an incident review.

Through interviews with staff, it was confirmed the facility conducts incident reviews at the conclusion of a sexual abuse investigation, excluding only “unfounded” incidents. The incident reviews include upper-level management officials, and allows for input from line supervisors, investigators, and medical or mental health practitioners. The review team looks to see if there are changes that need to be made to policy or procedure. The review team; considers any possible motivations for the abuse, considers whether physical barriers may have enabled the abuse, accesses the adequacy of staffing levels during different shifts in that area, accesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. At the conclusion of the facility incident review, the PREA Compliance Manager would submit a report of their findings to the Operations Captain. If there were any deficiencies notated, there would also be documentation outlining the steps the facility plans to take in order to correct the problem.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Policy 116.23 - Data Collection and Retention states:

The Bureau of Planning, Research and Statistics shall collect accurate, uniform data for every allegation of sexual abuse at its facility under the using a standardized instrument and set of definitions.

The agency aggregates the incident-based sexual abuse data annually.

The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The agency acknowledged they would provide the Department of Justice (DOJ) with data from the previous calendar year upon request; however, they had not received such request during the past calendar year.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A finding of “Does Not Meet Standard” with one or more standards shall trigger a 180-day corrective action period.

The auditor and BCDF shall jointly develop a corrective action plan to achieve compliance.

The auditor shall take necessary and appropriate steps to verify implementation of the corrective action plan, such as reviewing updated policies and procedures or re-inspecting portions of a facility.

After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.

(5) If BCDF does not achieve compliance with each standard, it may request a subsequent audit once it believes that it has achieved compliance.

The auditor was provided with the 2015 annual review. The 2015 review consists of data collected from January 1st 2015 through December 31, 2015. Annual reports attempt to identify trends and areas of concern. Annual reports are typically broad and are intended to capture statistical numbers. In addition, the review consists of future plans of corrective action to advance its effort and solid commitment to eradicate sexual abuse, sexual harassment, and retaliation for reporting such incidents. Inmate’s names and specific information related to the allegations are redacted.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCDF Policy 116.23 - Data Collection and Retention states the Department shall make all aggregated sexual abuse data from facility and contracted facilities, readily available to the public through the Department website, at least annually. The Department shall securely retain all aggregate PREA data, on the Department’s secure servers, collected for a period of no less than ten years after the date of the initial collection unless federal, state or local law requires otherwise.

Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. In addition, the Department may redact specific material from the reports when publication would present a clear and specific danger to a facility, but must indicate the nature of the material redacted.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Edwin Vaught

September 2, 2016

Auditor Signature

Date